DOMESTIC SURPLUS LINES INSURERS

COMPANY NAME:	NAIC Company Code:
Contact:	Telephone:
PEOLIDED HILINGS IN THE STATE OF ARKANSAS	Filings Made During the Vear 2015

(1)	(2)	(3)	(4)		(5)	(6)	(7)	
				BER OF CO			FORM	APPLICABLE
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE DATE	SOURCE**	NOTES
		T NATO ETNIANICIAT C'EATEMENIEC	State	NAIC	State			
	1	I. NAIC FINANCIAL STATEMENTS Annual Statement (8 ½" x 14")	2	EO		3/1	NAIC	I
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	XXX	3/1	NAIC	Include in
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	Xxx	5/15, 8/15,	NAIC	bounded statement
						11/15		
	3	Protected Cell Annual Statement	2	0	Xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	2	EO	Xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS				1	1	
	10	Accident & Health Policy Experience Exhibit	2	EO	Xxx	4/1	NAIC	
	11	Actuarial Opinion	2	EO	Xxx	3/1	Company	
	12	Actuarial Opinion Summary	2	N/A	Xxx	3/15	Company	
	13	Bail Bond Supplement	2	EO	Xxx	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	2	EO	Xxx	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	2	EO	Xxx	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	Xxx	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	2	EO	Xxx	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	Xxx	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	Xxx	4/1	NAIC	
	21	Investment Risk Interrogatories	2	EO	Xxx	4/1	NAIC	
	22	Insurance Expense Exhibit	2	EO	Xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	2	EO	Xxx	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	Xxx	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	XXX	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	2	ЕО	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	Xxx	3/1	NAIC	
	28	Reinsurance Attestation Supplement	2	EO	Xxx	3/1	Company	
	29	Reinsurance Summary Supplemental	2	EO	Xxx	3/1	NAIC	
	30	Risk-Based Capital Report	2	EO	Xxx	3/1	NAIC	
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	2	EO	XXX	3/1, 5/15,	NAIC	
						8/15, 11/15		
	33	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	34	Trusteed Surplus Statement	2	ЕО	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	XXX	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	64	Combined Annual Statement Electronic Filing	XXX	EO	XXX	5/1	NAIC	
	65	Combined Annual Statement .PDF Filing	XXX	EO	XXX	5/1	NAIC	
	66	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	†
	67	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	1
	68	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15,	NAIC	
	69	Quarterly .PDF Filing	XXX	ЕО	xxx	11/15 5/15, 8/15,	NAIC	
	70	June .PDF Filing	XXX	EO	XXX	11/15 6/1	NAIC	
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	IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
8	1 Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	
8	2 Audited Financial Reports	2	EO		6/1	Company	
8	3 Audited Financial Reports Exemption Affidavit	2	N/A	N/A		Company	If applicable
8	4 Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	If applicable
8	5 Independent CPA (change)	2	N/A	N/A		Company	If applicable
8	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	If applicable
8	Notification of Adverse Financial Condition	2	N/A	N/A		Company	If applicable
8	Request for Exemption to File	2	N/A	N/A		Company	If applicable
8	P Request to File Consolidated Audited Annual Statements	2	N/A	N/A		Company	If applicable
9	Relief from the five-year rotation requirement for lead audit partner	2	ЕО	Xxx	3/1	Company	If applicable
9	Relief from the one-year cooling off period for independent CPA	2	ЕО	Xxx	3/1	Company	If applicable
9	Relief from the Requirements for Audit Committees	2	EO	XXX	3/1	Company	If applicable

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

^{***}For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

	V. STATE REQUIRED FILINGS***	Domestic	NAIC	Foreign	Due Date		
101	Filings Checklist (with Column 1 completed)	1	0	0		State	Domestic Only
102	State Filing Fees All filings fees for certificate of authority renewal and annual statement filing fees are included on the premium tax forms. For additional questions, please contact the Accounting Division: 501-371-2605.	1	0	1		State	
103	Intentionally left blank						
104	Intentionally left blank						
105	Premium tax http://www.insurance.arkansas.gov/Accounting/divpage.htm	1	0	1		State	
106	Intentionally left blank						
107	Mandatory AR Comprehensive Health Ins Pool Form- The Arkansas Comprehensive Health Insurance Pool coverage ended on December 31, 2013. http://chiparkansas.org/insurers-only/ DISCONTINUED FORM	0	0	0	n/a	State	Foreign and Domestics
108	Intentionally left blank						
109	Intentionally left blank						

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

110	Affiliated Transaction Disclosure Form for Arkansas Domestics not subject to the Holding Co ACT- The original and one copy of the form should be mailed to: ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION 1200 West Third Street Little Rock, AR 72201-1904 This form may be filed electronically as a PDF file by emailing to insurance.finance@arkansas.gov. If filed electronically, the original form evidencing the original signatures should be kept on file at the Company for 5 years. The blank form is available electronically at: http://www.insurance.arkansas.gov/finance/financialstmthomepagefiles/FormAIDFISTDR.doc This form may be modified in a non-substantive manner to accommodate reporting.	2	0	0	3/1, 5/15, 8/15, 11/15	State	All domestic companies (except FMAAs) which are not subject to the Holding Company Act
111	Holding Company Registration Statement For Domestic Companies only See Rule 15 at: http://www.insurance.arkansas.gov/Legal%20D ataservices/rnrpage.htm and BULLETIN 4-99 Notwithstanding the frequency or lack of filed amendments reporting material transactions in the intervening period, each domestic insurer subject to registration under this Rule shall update, restate and refile with the Department a full and complete registration statement (Form B), with the_companion summary (Form C), annually on or before May 1st. The Form B filing shall be accompanied by the proper Rule 57 fee.	2	0	0	5/1	Company	Domestic Insurers Only
112	Anti-Fraud Plan: http://www.insurance.arkansas.gov/cid.htm Insurance companies licensed in the State of Arkansas must submit an antifraud plan pursuant to the antifraud initiative requirements of [A.C.A. §23-66-510 (a)]. Questions concerning the requirements should be directed to Chief Counsel Dan Reber @ 501-371-2796 or						

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings Contact Person: Contact for Premium Taxes Accounting Division 501-371-2605 Insurance.accounting@arkansas.gov	Contact for Financial Statements: Kimberly Johnson, Insurance Examiner Finance Division 501-371-2680, fax 501-371-2747 Kimberly.johnson@arkansas.gov
В	Mailing Address: ANNUAL/QUARTERLY STATEMENTS All items must be mailed U.S Mail, Postal Express (UPS, Fed Ex or Etc.); Priority Mail & Certified Mail is also accepted. All filings must be physically received at the address noted, no later than the due date. Companies will be fined \$100 per day for a late filing	Arkansas Insurance Department 1200 W. Third Street Little Rock, AR 72201-1904 Attn: Kimberly Johnson/Finance
С	Mailing Address for ANNUAL STATEMENT FILING FEES: All filings must be physically received at the address noted, no later than the due date. Companies will be fined \$100 per day for a late filing	Arkansas Insurance Department 1200 W. 3 rd Street Little Rock, AR 72201-1904 Attn: Accounting Division
D	Mailing Address for Premium Tax Payments: DO NOT MAIL PREMIUM TAX PAYMENTS WITH ANNUAL STATEMENTS.	Arkansas Insurance Department 1200 W. 3 rd Street Little Rock, AR 72201-1904 Attn: Accounting Division
Е	Delivery Instructions: All filings must be physically received at the Department, no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. (PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)	Arkansas Insurance Department 1200 W. Third Street Little Rock, AR. 72201-1904
F	Late Filings:	Companies will be fined \$100 per day for a late filing.

G	Original Signatures:	Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.
Н	Signature/Notarization/Certification:	Two of 3 signatures are required on the Annual Statements. They must be signed by either of the following: President or Vice President with either the Secretary or Actuary. The treasurer may sign the Annual Statement when the secretary or actuary is unable or unavailable to do so. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.
I	Amended Filings: (Submit to address in Note B listed above)	Domestic Companies: File 2 copies of the amended items within 10 days of the amendments, including an explanation of the amendment. If there are signature requirements
	Remember to provide a newly signed jurat	for the original filing, it should be followed for
	page with all amended filings.	any amendment.
		Foreign Companies: email amended filing, with an explanation of what is being amended to Kimberly.johnson@arkansas.gov
J	Exceptions from normal filings:	Foreign companies must supply a copy of any exemption or extension received by its state of
	Submit requests for extensions/exemptions to:	domicile at least 10 days prior to the filing due date.
	Brenda Haggard	Domestic companies should apply at least 30
	Manager of Financial Analysis	days prior to the due date.
	Arkansas Insurance Department	
	1200 W. Third Street	
	Little Rock, AR 72201-1904	
K	Bar Codes (State or NAIC):	Please follow the NAIC instructions. Arkansas does not use bar codes.
L	Blank	
M	NONE Filings:	File as "NA" if the form does not apply or as "NONE" if there is nothing to report.

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital .PDF Filing is the .pdf file for risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The **Supplemental** .**PDF** Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Statement Electronic Filing* includes the complete quarterly statement data.

The *Quarterly Statement .PDF Filing* is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*..

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.

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